

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-63-018410**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**4137**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

240063

3

4 1

5 2

6

7 0

8 2

9

10

11

12 59-0

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

**FILED APR 23 1963**

1. PLACE OF DEATH

2. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN **St. Louis**

Length of stay in 1b

**11 Days**

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

**DePaul Hostial**

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

**Mo**

b. COUNTY

**St. Louis**

c. CITY OR TOWN

**University City**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

**710 Eastgate Ave**

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

**Martha**

**Rhodium**

**Wright**

4. DATE OF DEATH

Month

Day

Year

**April 11, 1963**

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

**6/12/1870**

9. AGE (last birthday)

**92**

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**House Wife**

10b. KIND OF BUSINESS OR INDUSTRY

**Own Home**

11. BIRTHPLACE (City and state or country)

**Herman, Missouri**

12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

13a. FATHER'S NAME

**Eustachius Rhodius**

13b. MOTHER'S MAIDEN NAME

**Anna Margeretha Schlee**

14. NAME OF HUSBAND OR WIFE

**Thorpe E. Wright**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

**No**

**None**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Mrs Anna Bachof 710 Eastgate Ave**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Intestinal Obstruction Co. (Colon)**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**1538**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

**4-1-63**

to

**4-10-63**

and last saw her alive on

**4/10/63**

Death occurred at

**6:20 P.M.**

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

**R. Hayden M.D.**

(Degree or title)

22b. ADDRESS

**730 Hadriemouk**

22c. DATE SIGNED

**4/12/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Cremation**

23b. DATE

**4/15/63**

23c. NAME OF CEMETERY OR CREMATORY

**Valhalla Crematory**

23d. LOCATION (City, town, or county)

**St. Louis Co. Missouri**

24. FUNERAL DIRECTOR

ADDRESS

**Alexander & Sons 6175 Delmar Blvd**

25. DATE RECD. BY LOCAL REG.

**APR 15 1963**

26. REGISTRAR'S SIGNATURE

**Earl Smith, M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

*Entered - Steadily Colon*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. Allen Davis Jr.

Licensed Embalmer No. 4853

P. O. Address Phil 11-1963

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.